

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/904558

FILING DATE

7/16/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	1		1		1	
4		2		2		2
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
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TOTAL IND.	3		4		3	
TOTAL DEP.	7		7		16	
TOTAL CLAIMS	10		11		19	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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